



**Trinity College Dublin**  
Coláiste na Tríonóide, Baile Átha Cliath  
The University of Dublin

# **Faculty of Health Sciences Research Day**

17 September 2015, TBSI, Pearse Street

## **Research Opportunities with the Institute of Population Health (IPH)**

**Joe Barry**

Professor of Population Health Medicine

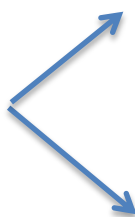
Director of IPH

# Background to Institute of Population Health (IPH)

First mooted 2007

Population health approach

Community focus

Shift in balance from hospital to  primary care  
and  
prevention

Approved by College in May 2015

# Governance

Steering Group

Scientific Advisory Groups

Consultative Council

# Business Plan

Teaching/Training, Research, Advocacy

7/8 School of Medicine, 1/8 School of Nursing and  
Midwifery

2,500 metres<sup>2</sup> over 3 floors

# Location



# Russell Building Tallaght Cross



# Academic Primary Care Centre

Seven floors of teaching and community services

- 3 floors IPH
- 3 Floors Services
  - 5 GP practices
  - 4 Primary Care teams
- TLC out of hours service (Tallaght, Lucan, Clondalkin)
- Commercial

## Next Steps

Fit-out ongoing

Official opening May 2016

Ongoing School of Medicine and School of Nursing and Midwifery collaboration and planning

Additional planning with HSE

Priority setting

Grant writing

Development of joint teaching and training



## Research streams (so far)

Child health

Health of older people

Neuroscience

Cancer

Inequalities/Poverty

Environmental health

Health services research

# Tomorrow's Care Tallaght – Our Vision

Our goal is to transform the healthcare experience of our patients by building a truly patient-centred practice, placing a strong emphasis on maintaining optimal health, where each patient can access the appropriate level of care for their needs.

All our processes will be designed to support the key dynamic for health, the therapeutic relationship between patient and healthcare professional.

We will be responsive to individual patients and the community in which we work.

We will adopt international best practice in primary care.

We will leverage the latest advances in healthcare technology. We will analyse our interventions and innovations and share this knowledge in order that our experience may inform healthcare delivery more widely.

Patient safety will be a priority in diagnosis and prescribing.

We will embrace transparency, our annual reports will be available to all.

We will play a full part in undergraduate and postgraduate education and in multidisciplinary research.

# Stakeholders

Patients

GPs

Talacare

HSE

DOH

HSE Primary Care Teams

Trinity College Dublin/IPH

TCD HSE GP Training

Euromedic

Tallaght Hospital

# Care characteristics

## Yesterday's Care

Our patients are those who make appointments to see us

Patients' chief complaints or reasons for visit determines care

Care is determined by today's problem and time available today

Care varies by scheduled time and memory or skill of the doctor

Patients are responsible for coordinating their own care

High quality care, dependent on clinical training alone

Acute care is delivered in the next available appointment and walk-ins

It's up to the patient to tell us what happened to them

Clinic operations centre on meeting the doctor's needs

## Tomorrow's Care

Our patients are those who are in our panel

We systematically assess all our patients' health needs to plan care

Care is determined by a proactive plan to meet patient needs without visits

Care is standardised according to evidence-based guidelines

A prepared team of professionals coordinates all patients' care

We measure our quality and make rapid changes to improve it

Acute care is delivered by open access and non-visit contacts

We track tests and consultations, and follow up after ED and hospital

A multidisciplinary team works at the top of our licenses to serve patients

# Clinical innovation

## Whole-practice approach to designing patient services

- Use of local data sets for service development (HANA), Deprivation Indices

## Data analysis supporting services and decision-making

## Pro-active approach to Chronic Disease Management & reducing unplanned hospital admissions through

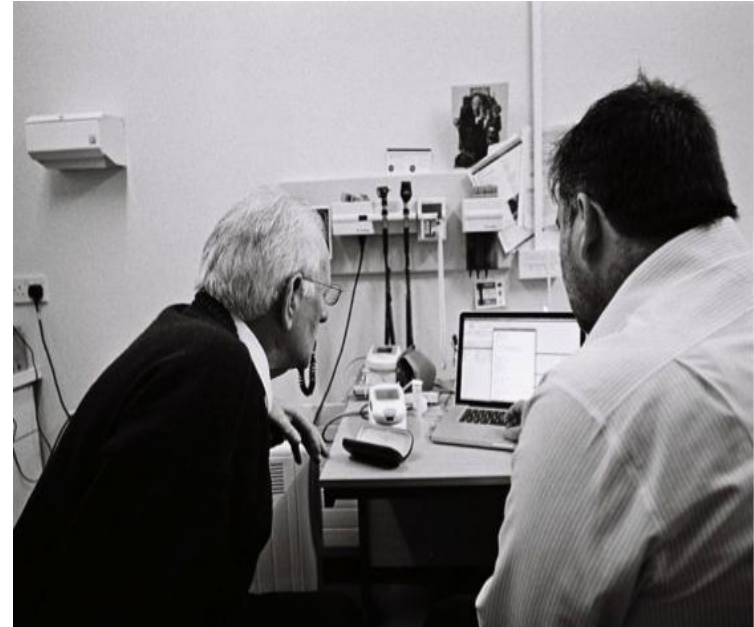
- Dedicated Chronic Disease clinics
- Data identifies patients at high risk for unplanned admission
- Joint GP/PCT/Hospital care plans

## Addition of Pharmacists to the practice team

## Improved access for patients using video, email consulting

## Hospital specialists consulting in the community setting

## Patients assigned IHIs pilot (Individual Health Identifiers)



# Safety

## Open disclosure policy

## Practice-based Clinical Pharmacists

- Direct Liaison with hospital and community pharmacists
- Managing polypharmacy and 'de-prescribing'

## Comprehensive electronic health record and disease coding

- Disease registers with follow up and recall systems

## Electronically incorporated laboratory, radiology and discharge summaries



# Access for our patients

Cover - GMS, Insurance cover innovation

Access – Walk-in (nurse-triage and ANP management as well as GP), booked appointments with GP, Nurse, Pharmacist, email or video consulting. Booked appointments for multi-disciplinary chronic disease management. Access to Physiotherapy, Occupational Therapy, Dietitian, Speech and Language Therapy, Counselling, Social Work as required

Out of hours cover – TLC DOC

Specialists – visiting specialists with regular practice-based clinics



# Our patients

Personalised care plans – true collaboration between healthcare providers and patients

Community focus – more interventions in the community (including specialist review and investigation)

Safety is a priority– focus on less unplanned hospital admissions, also improved communication in area of medications between primary and secondary care





# Requirements

Portal website providing online accessibility to all services

Dedicated Chronic Disease sessions

Clinical practice Pharmacist

Data analyst

IT infrastructure - EHR, Communications, Diagnostics,  
Data Analysis